

**EMPLOYMENT TRAINING PANEL (ETP)  
REQUEST FOR ELIGIBILITY DETERMINATION (RED)**

**Single Employer with 100 or Fewer Full-Time Employees**

*Purpose of this form:* A Single Employer with 100 or fewer full time employees may request a determination of their eligibility for ETP funds and Small Business Pilot Project participation using the Request for Eligibility Determination (ETP 002A).

*A Single Employer with 100 or fewer full time employees that does not wish to participate in the Small Business Pilot Project or a Single Employer with more than 100 full time employees should use the Request for Eligibility Determination (ETP 002). A group of employers, a training agency, Workforce Investment Board, or a Grant Recipient should use the Request for Eligibility Determination (ETP 003).*

If you have any questions or concerns regarding the RED, or the attached instructions, please contact the nearest ETP Regional Field Office at the address below:

***Northern California***  
**Employment Training Panel**  
**1100 J Street, 5th Floor**  
**Sacramento, CA 95814**  
**(916) 327-5582**

***San Diego Area***  
**Employment Training Panel**  
**5333 Mission Center Rd., Suite 300**  
**San Diego, CA 92108**  
**(619) 686-1920**

***San Francisco Bay Area***  
**Employment Training Panel**  
**177 Bovet Road, Suite 180**  
**San Mateo, CA 94402**  
**(650) 655-6930**

***Greater Los Angeles Area***  
**Employment Training Panel**  
**4640 Lankershim Blvd., Suite 311**  
**North Hollywood, CA 91602**  
**(818) 755-1313**

**EMPLOYMENT TRAINING PANEL (ETP)  
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**Single Employer with 100 or Fewer Employees**

Reference No: \_\_\_\_\_

Company Name: _____			
Address: _____			
Street	City (     )	State (     )	Zip Code
County	Telephone	FAX	Website (     )
Company Rep.: _____			Telephone (     )
Authorized Agent: _____ <i>(Please attach valid agency agreement.)</i>			Telephone (     )
Name _____ Title _____			Telephone _____
California Employer Account Number: _____ - _____ - _____ <small>(From the DE6 Quarterly Contribution Return Form)</small>			
Number of Full -Time /Year Round Employees Worldwide: _____			

**1. Orientation**

Attendance Date _____	Location _____
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- 2.** Is your company primarily engaged in manufacturing? ☐ Yes ☐ No  
(See the Request for Eligibility Determination (RED) Instructions.)

- 3.** If your company is applying under a section of the Out-of-State Competition Regulation other than manufacturing, select the appropriate letter: ☐ A ☐ B ☐ C ☐ D ☐ E

**See instructions, Item 5, for documentation required for each corresponding section. Please include any required documentation with your RED submission.** (Title 22, California Code of Regulations, Section. 4416).

- A. Your company provides a service outside of California.
- B. Your company provides services instate in competition with providers of the same service located outside of California.
- C. Your company is applying as a corporate headquarters that does significant business outside of California.
- D. Your company is a mortgage bank or related institution engaged in the packaging/sales and/or servicing activities related to mortgage loans.
- E. Your company is a destination resort, convention/conference center or convention/conference hotel, which competes nationally and/or internationally for customers.

**This form must be submitted within one year from the date of your Orientation or from the date the Orientation requirement was waived.**

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**Sign and date item 4 below and submit per instructions at the end of the form.**

4. I declare under the penalty of perjury that the statements and information on or attached to this form are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Company Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**This form must be submitted within one year from the date of your Orientation or from the date the Orientation requirement was waived.**

**The following 3 questions are intended for assistance in PLANNING PURPOSES ONLY.**

5. Is your company currently covered by a collective bargaining agreement? If so, please attach the name address and phone number of the collective bargaining agent.  
☐ Yes ☐ No
6. Please estimate the number of trainees that you are intending to include in a proposed ETP-Funded Training Program: \_\_\_\_\_
7. Please indicate the desired commencement date for the proposed ETP-Funded Training Program: \_\_\_\_\_

Submit two copies of the signed and completed Request for Eligibility Determination (RED) and any additional documentation required to determine eligibility to the address below:

**Attn: Application Review Unit  
Employment Training Panel  
1100 J Street, Fourth Floor  
Sacramento, CA 95814**

Once the completed RED is received at ETP, a thorough review of your entity's contracting eligibility will begin. Additional information may be requested to clarify eligibility. You will be notified in writing as soon as possible of your eligibility determination.

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**INSTRUCTIONS**

**Company Name**

**Enter** the full legal name of the company, including any subdivision as appropriate.

**Address**

**Enter** the following Information: Street Address, City, State, Zip Code, County, (Area Code) Telephone Number, (Area Code) FAX Number, and Website Address.

**Company Representative**

**Enter** the name, title and phone number of the corporate officer or employee who will be working directly with ETP.

**Authorized Agent (If Any)**

**Enter** the name, title and phone number of the authorized agent. Please indicate any entity or individual, who while acting on your behalf, will be working with ETP. Additionally, please provide a completed agency agreement along with this document.

**Note: ETP staff is prohibited from discussing the Request for Eligibility Determination (ETP002), the results of the determination or any related information with anyone unless they are specifically authorized to do so in writing by the company.**

**California Employer Account Number (CEAN)**

This is an eight-digit account number that identifies your California Unemployment Insurance Tax Account. It can be located on the DE-6 Quarterly Contribution Return Form. Note: if you have more than one account number please provide all related CEANs as they apply to the proposed training. Also include a description of the relationship between the multiple CEANs.

**Number of Full-Time/Year-Round Employees Worldwide**

Please indicate the number of full-time, year round employees employed by your company or corporation worldwide. Please include all full-time, year round employees of any corporate subsidiaries. For the purposes of this section, a company may not be considered a small business if it is a subsidiary of a corporation with more than 100 full-time year round employees.

Single Employers with less than 100 full-time year round employees may be eligible for specific exemptions to the ETP contracting process, as part of an increased level of services to small businesses in California. For further clarification of the definition of a Small Business please refer to Title 22, California Code of Regulations, Section 4400(w).

**1. Orientation**

**Provide** the date and location of your Orientation.

**2. Is your company primarily engaged in manufacturing activities?**

**Answer** "Yes", if your company is *primarily* engaged in manufacturing activity, as defined by the following:

A manufacturer is defined as an establishment engaged in the mechanical or chemical transformation of materials or substances into new products. These establishments are usually described as plants,

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factories, or mills and characteristically use power driven machines and materials handling equipment. Establishments engaged in assembling component parts of manufactured products are also considered manufacturing if the new product is neither a structure nor a fixed improvement to a structure. Also included is the blending of materials, such as lubricating oils, plastic resins or liquors.

The materials processed by manufacturing establishments include products of agriculture, forestry, fishing, mining, and quarrying as well as products of other manufacturing establishments. The new product of a manufacturing establishment may be finished in the sense that it is ready for utilization or consumption, or it may be semi-finished to become a raw material for an establishment engaged in further manufacturing. For example, the product of the copper smelter is the raw material used in electrolytic refineries; refined copper is the raw material used by copper wire mills; and copper wire is the raw material used by certain electrical equipment manufacturers.

The materials used by manufacturing establishments may be purchased directly from producers, obtained through customary trade channels, or secured without recourse to the market by transferring the product from one establishment to another, which is under the same ownership. Manufacturing production is usually carried on for the wholesale market, for interplant transfer, or to order for industrial users, rather than direct sale to the domestic consumer.

Based on your California Employer Account Number (CEAN), a review of the Standard Industrial Classification (SIC) description is done to substantiate your company's primary business activity. If your SIC description identifies your company's primary business activity to be manufacturing, or an SIC identified by Title 22, California Code of Regulations, Section 4416(c), your company will be deemed to meet the Out-of-State Competition requirement for purposes of Panel funding. No further documentation is required for your company.

If your SIC description does not identify your company's primary business activity as manufacturing, or is not identified under Title 22 California Code of Regulations, Section 4416(c), your company will be not be permitted to participate in the small business program. Further for any development under the provisions of standard retraining, your company will be required to provide additional information about your manufacturing activity prior to meeting the out-of-state competition requirement for purposes of Panel funding. Please include a description of your products and your locations involved in the manufacturing of your products.

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**3. Out-of-State Competition**

The following indicates the documentation required for ETP to make an eligibility determination on a company engaged in activities other than manufacturing. Choose the category or categories that match your company's criteria.

**A. If your company provides a service to customers located out of state from company locations inside California, please provide the following:**

A statement that identifies the specific type and location of services provided by your company. This statement should indicate the percentage of total revenue represented by services performed by your California workers outside of California for a period covering the previous operational or calendar year. If available, you may provide printed marketing materials that describe the products or services provided by your company.

**B. If your company provides a service solely in California that is directly threatened by providers of the same service located outside of California, please provide the following:**

A statement that identifies the specific products or services provided by your company inside California and the specific nature of in-state competition from competitors located outside of California. This statement should also indicate the percentage of total revenue threatened specifically by products produced outside California and sold in State, or by services performed inside California by workers located out of State, for a period covering the previous operational or calendar year. If available, you may provide any printed marketing materials, invoices, contract bidders' list and job summaries, or product lists, or descriptions of specific services provided to your customers that describe the products or services provided by your company.

**C. If the proposed training program is intended for the corporate headquarters of a company that does significant business outside of California, please provide the following:**

An organizational chart that identifies the functional relationship of the proposed trainees to that of any Branch Offices including those located outside the state;

A list of the functional groups and/or occupations to be trained and a description of the functional relationship between the proposed trainees and your Branch Offices or other corporate locations.

**D. If your company is a mortgage bank or related institution engaged in the packaging/sales or servicing activities related to loans, please provide the following:**

A list of the occupations to be trained and a description of the functional relationship between the proposed trainees and the packaging/sales or servicing activities related to mortgage loans; an organizational chart that identifies the proposed trainees or functional groups.

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**E. If your company is a destination resort, convention/conference center or convention/conference hotel which competes nationally or internationally for customers, please provide evidence that your company meets one of the three definitions, A, B, or C below:**

A) Your company is a ***destination resort*** which is an establishment and its affiliated facilities which:

is a recognized destination, **or** operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitors.

"Destination" refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.

B) Your company is a ***convention/conference center*** primarily engaged in holding conventions, conferences, trade shows or exhibits.

C) Your company is a ***convention/conference hotel*** which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade shows or exhibits involving transient lodging requirements.

**To meet any one of the above definitions, your company must also meet and provide documentation for at least three (3) of the following criteria:**

- a) Participates in out-of-state sales missions or trade shows;
- b) Routinely conducts out-of-state sales efforts;
- c) Routinely advertises in media in which its out-of-state competitors also advertise;
- d) Contributes financially to joint community based out-of-state marketing efforts;
- e) Maintains and develops a marketing plan which addresses the national or international market; and/or,
- f) Documents that it is in direct competition with similar establishments outside of California.

Your company may be required to provide additional information to demonstrate eligibility as a destination resort, convention/conference center or convention/conference hotel, which competes nationally and/or internationally for customers.

**4. Signature**

**Ensure** the signature is by a corporate signatory with the authority to sign contracts on behalf of the company.

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5. **Is your company currently covered by a collective bargaining agreement?** Please indicate if your company is currently covered by a collective bargaining agreement or other union agreement. If your company is determined eligible to contract with the Panel, your assigned ETP Development Analyst will require specific information relating to this agreement and the trainees that are covered by the collective bargaining agreement. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority.***
6. **Please indicate the number of trainees that you are intending to include in a proposed ETP-Funded training program?** Please estimate the total number of trainees that you are intending to include in a proposed ETP-Funded Training Program. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority.***
7. **Please indicate the desired commencement date for the proposed ETP-Funded Training Program?** The Panel may assign your RED to any one of its four regional field offices based upon anticipated workload and available development resources. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority. The assignment of your RED to the Regional Office does NOT authorize your company to begin training as part of an ETP-funded training program.***

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